

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MAR 26 2014

ENTERED

Permit #:	14-0050
Date:	5-5-14
Amount Paid:	\$1253.28-14
Refund:	CK# 2578

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Steve Schuett</u>	Mailing Address: <u>Box 130</u> City/State/Zip: <u>Duaneville, WI 54832</u> Telephone: <u>715-739-6645</u>
Address of Property: <u>25750 St. Atkins Lake Lane, Grand View</u>	City/State/Zip: <u>Duaneville, WI 54832</u> Cell Phone: <u>715-580-0476</u>
Contractor:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Kathleen Johnson</u>	Agent Phone: <u>715-739-6645</u> Agent Mailing Address (include City/State/Zip): <u>P.O. Box 130 Duaneville, WI 54832</u> Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>51/2 1/4 SE 1/4</u>	PIN: (23 digits) <u>04-021-2-44-05-19-4 05-008-04000</u> Recorded Document (i.e. Property Ownership) Volume <u>1063</u> Page(s) <u>483</u>
Section <u>19</u> , Township <u>44</u> N, Range <u>5</u> W	Town of: <u>Grandview</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: <u>75 ft</u> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>NA.</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>H.T.</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> STR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Accessory Building (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Recd for Issuance		
	<input checked="" type="checkbox"/> Special Use: (explain) <u>Antel Unit - STR</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(i) (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners, must sign or letter (b) of authorization must accompany this application)  
Authorized Agent: Kathleen Johnson Date 3/21/14  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit P.O. Box 130 Duaneville, WI 54832  
Attach ☒ Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

ISSUE w/ SANITARY # 467090 IS FOR REPLACEMENT HOLDING TANK

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

See below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road <i>Eggschmidt Rd</i>	<i>300 ft</i>	Setback from the Lake (ordinary high-water mark)	<i>75 ft</i>
Setback from the Established Right-of-Way	<i>NA</i>	Setback from the River, Stream, Creek	<i>NA</i>
		Setback from the Bank or Bluff	<i>NA</i>
Setback from the North Lot Line	<i>NA</i>	Setback from Wetland	<i>200 ft</i>
Setback from the South Lot Line	<i>700 ft</i>	Setback from 20% Slope Area	<i>NA</i>
Setback from the West Lot Line	<i>100 ft</i>	Elevation of Floodplain	<i>NA</i>
Setback from the East Lot Line	<i>120 ft</i>		
Setback to Septic Tank or Holding Tank	<i>13</i>	Setback to Well	<i>10</i>
Setback to Drain Field	<i>83</i>		
Setback to Privy (Portable, Composting)	<i>NA</i>		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

Prior to the Construction of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <i>467290</i>	# of bedrooms: <i>3</i>	Sanitary Dist: <i>7-18-2005</i>			
Permit Denied (Date):	Reason for Denial:						
Permit #: <i>14-0050</i>	Permit Date: <i>5-5-14</i>						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Used/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District Lakes Classification ( )			
Inspection Record: <i>Met with representative.</i>							
Date of Inspection: <i>4-28-14</i>	Inspected by: <i>M. Fustak</i>						Date of Re-inspection:
Condition(s): Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached)							
Signature of Inspector: <i>Michael Fustak</i>							Date: <i>4-28-14</i>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				



